

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**  
**DOMESTIC VIOLENCE ASSISTANCE PROGRAM**  
**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** DV09201415      **DATE OF SITE VIST:** 2/24/10
2. **GRANT PERIOD:** 7/1/2009-6/30/20010
3. **RECIPIENT/IMPLEMENTING AGENCY:** Community Overcoming Relationship Abuse (CORA)
4. **PROJECT DIRECTOR:** Cori Manthorne

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**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Steve Anderson	Manager of Housing Services	CORA
Maria Cardenas	Case Manager/ Children's Activity Specialist	CORA
Vilma Olivera	Case Manager	CORA
Jessica Dayton	Supervising Attorney	CORA
Harvey Bressler	Director of Finance	CORA
Valery Lin	Book keeper	CORA
Joy Dickinson	Grants Manager	CORA

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Signature of Program Specialist

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Date

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Signature of Section Chief

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Date

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Signature of Project Representative

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Date

6/23/2010

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW

YES NO N/A

#### 1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Does the certificate show:  |                                     |                                     |                          |
| ○ Bonding company name  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Bond number   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Description of coverage   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Grant award number  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Employee Dishonesty, Form A   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Forgery Coverage, Form B  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: CORA is lacking the bond certificate. Documentation was provided that established Employee Dishonesty insurance is provided, but certificate itself (including the details of the certificate) were missing. The information provided also indicates Form B "Forgery" is not currently covered, and the current amount CORA is covered for does not equal 50% of the total grant award.

#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| • Does the project have their CEQA documentation on file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments: CORA did not have any CEQA documentation on file for the shelter. The business office is leased.

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW

YES NO N/A

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒ ☐ ☐

Comments:

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (*Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.*)

☒ ☐ ☐

A modification is needed for the following:

- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments: A modification is already underway to account for an increase in FVPSA. Additional modifications will be made at that time.

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do policies include:
  - Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions
  - A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
  - Work hours
  - Compensation rates
  - Overtime
- Did the Board approve the agency's current personnel policy?

☒ ☐ ☐

☒ ☐ ☐

☐ ☒ ☐

☒ ☐ ☐

☒ ☐ ☐

☒ ☐ ☐

☒ ☐ ☐

Comments: A Drug Free Workplace statement is in the employee handbook, and employees sign a form stating they have reviewed the employee handbook. However, a Drug Free Workplace Statement is not signed by each employee or consequently stored in the Personnel file.

#### 8. FUNCTIONAL TIMESHEETS

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A.	ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
	<ul style="list-style-type: none"><li>Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? <i>[R. H. Section 11331]</i></li></ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"><li>Are timesheets (paid staff &amp; volunteer) signed by staff &amp; approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)</li></ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"><li>Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?<ul style="list-style-type: none"><li>Name of individual who approves purchases.<br/>Harvey Bressler</li><li>Name of individual who writes checks.<br/>Valery Lin</li><li>Name of individual(s) who signs checks.<br/>Melissa Lukin, Cori Manthorne, or a designated board member<br/>(three selected and given power for that purpose)</li></ul></li></ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| <ul style="list-style-type: none"><li>Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?</li></ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"><li>Does the project maintain an accurate inventory log of equipment purchased with grant funds?</li></ul>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

### 11. PROJECT EXPENDITURES

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"><li>Is the project's expenditure rate commensurate with the elapsed period of the grant?</li></ul>                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?</li></ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?</li></ul>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Is the project up-to-date with the submission of Cal EMA Form 2-201?</li></ul>                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW

YES   NO   N/A

#### 12. MATCH REQUIREMENTS

- Does the project have a match requirement?
- Is the project meeting the match requirement?
- Review the supporting documentation to substantiate cash or in-kind match.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### 13. EEO POLICY

- Go over EEO checklist. (Separate document)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: CORA lacks a written policy for dealing with persons having a Limited English Proficiency. Additionally, the EEO Policy is written in the Employee Handbook, which is distributed only to employees (as opposed to employees, volunteers, clients, and the general public).

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### B. PROGRAMMATIC REVIEW

YES NO N/A

#### GENERAL

#### 1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? ☒ ☐ ☐
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives? ☐ ☒ ☐

Comments: The project is showing reported stats that are somewhat lower than the project average. However, these numbers are more than likely due to reductions in services available because of the current economic conditions. The projected numbers are no so far off from the projected goals as to warrant a modification exclusively for this purpose at this time.

#### 2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements. ☒ ☐ ☐

Comments:

#### 3. SOURCE DOCUMENTATION – Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? ☒ ☐ ☐
- Review the project's file system and data collection process.

Comments:

#### 4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement? ☒ ☐ ☐

Comments:

#### 5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? ☒ ☐ ☐

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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### DIRECT SERVICES

#### 1. Maintain 24-hour crisis hotline

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Crisis line staffed 24 hours a day, 7 days a week.                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on progress report (PR). | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: Documentation exists for the various facets of the services provided. However, no policy exists whereby the statistics recorded from these services are reported to the person responsible for tracking the data. The data is being tracked, but the policy for handling the data is lacking.

#### 2. Counseling to adult DV victims

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Free individual and group counseling provided to adult DV victims.     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • If counseling referred, OA on file with service providers.             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR.       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: See above

#### 3. Business Center

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Business center open during routine business hours.                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Staff coverage provided during lunchtime and staff meetings.           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR.       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: See above

#### 4. Emergency Shelter

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| • Physical shelter exists   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Emergency shelter provided to DV victims and their children 24 hours per day. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Victims and children with disabilities accommodated.                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Children's services provided.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Accommodations for schooling made while children are in shelter.              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Written protocol for reporting suspected child abuse in place.                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR.              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: See above

#### 5. Emergency food and/or clothing

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
	<ul style="list-style-type: none"> <li>• Emergency food and/or clothing provided to DV victims and their children.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If emergency food and/or clothing is referred, OA on file with service providers.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: See above				
6.	24 hour emergency response to Law Enforcement (LE)			
	<ul style="list-style-type: none"> <li>• Written protocol in place to address LE referrals.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Current OA on file with local LE.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: CORA has what appears to be an amazing relationship with all of the local law enforcement agencies. San Mateo County has established written protocols for responding to DV calls, and this policy has been beautifully integrated into the buisness practices at CORA.				
7.	24 hour response to hospital emergency rooms			
	<ul style="list-style-type: none"> <li>• Written protocol in place to address emergency room referrals.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Current OA on file with local emergency rooms.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: See C1				
8.	24 hour transportation to shelter or other safe location			
	<ul style="list-style-type: none"> <li>• Emergency transportation provided 24/1 to shelter to other safe location.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: See C1				
9.	Counseling to children of DV victims			
	<ul style="list-style-type: none"> <li>• Free, age-appropriate counseling provided to children of DV victims.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If counseling is referred, OA on file with service providers.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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Comments: See C1

### 10. Court and Social Service Advocacy for DV victims

- Victim advocacy to social services agencies provided.
- Court accompaniment provided.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/ Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: See C1

### 11. Legal Assistance

- Legal assistance with TRO's and other protective and/or custody orders.
- If legal assistance is referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: See C1

### 12. Local community services

- Involvement in local DV Council or other collaborative partnerships.
- Referrals made to other agencies in the DV services network.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: See C1

### 13. Household establishment

- DV victims receive assistance establishing a new residence.
- If household establishment assistance is referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: See C1

## 40-HOUR TRAINING

1. Can the project ensure advocates working with victims meet the requirements of a "domestic violence counselor" pursuant to

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

<b>C.</b>	<b>SUBLEMENTAL PROGRAMMATIC REVIEW</b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>N/A</u></b>
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Evidence Code §1037.1(a)(1)?

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project have a current Training Summary/Training Syllabus which meets the requirements of Training Curriculum Resource and Development Guide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

**ADDITIONAL REQUIREMENTS**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Do the written policies pertaining to the provision of all services are inclusive of all domestic violence victims and their children per the RFA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project provide alternative shelter and other services through motel vouchers and referrals, to the best of their abilities, to all victims of domestic violence served through this program per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project have a children's program in their shelter facility per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project make arrangements for school aged children to continue their education during their stay at the shelter per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 5. Does the project have a documented for the handling and storage of confidential client information per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

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**D. ADDITIONAL COMMENTS:**

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**NOTES:**